MIKE TOURIN SUN WALLEY O. L.D.	State of Nevada
6255 W CHINOOK GT	District (if applicable)
Mailing Address (include chang zip code) NV. 59433	Telephone No. 674-/854
E-Mail Address	No. 10. Carlos and the second
Select Appropriate Box(es) CANDIDATE PAC BAG POL PRTY IND EXP	AMENDED ANNUAL FILING
Annual Filing - Due January 15, 2004 Period: January 1, 2003 - December 31, 2003	FILE
Report #1 — Due August 31, 2004	AUG 3 0 2004 certiled January
Report #2 Due — October 26, 2004 Period: Aug. 27, 2004 — Oct. 21, 2004	SECRETARY OF STATE
Report #3 Due — January 15, 2005* Period: Oct. 22, 2004 — Dec. 31, 2004 BAGs only: Period: Oct. 22, 2004 - Dec. 5, 2004	
Annual Filing - Due January 15, 2005 Period: January 1, 2004 - December 31, 2004 *Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos.	1 and 2
CONTRIBUTIONS SUMMARY	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
Total Monetary Contributions Received in Excess of \$100	-0 - remou
2. Total Monetary Contributions Received of \$100 or Less	-0-
This Period Cumulative From Beginning of Report Period #1 Through End of This Reporting Period	
3. Total Amount of Monetary Contributions Received	-00 -
(Add Lines 1 and 2) 4. Total Value of In Kind Contributions Received in Excess of \$100	
EXPENSES SUMMARY	2 -2
5. Total Monetary Expenses Paid in Excess of \$100	-00
 6. Total Monetary Expenses Paid of \$100 or Less 7. Total Amount of All Monetary Expenses Paid (Add Lines 5 and 6) 8. Total Value of In Kind Expenses in Excess 	
of \$100	
AFFIRMATION	
Declare Under Penalty of Perjury That the Foregoing is True and Correct.	1/30/04
Signature Signat	GE_/OF

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Period*	4 House
I EI IUU	***
Correspondences and the	Same and

Name (print)

SVGID TRUSTEE

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
			/ .
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PAGE OF 7

CAMPAIGN EXP	

Report Period #

MIKE JOURIN

Office (if applicable)

District (if applicable)

Expense Categories

Seat Control of Seat Control o	
CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Н
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	К

PAGE 3 OF 7

^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

Report Period #

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS	VI			benses Summary
PERSON, GROUP OR ORGANIZATION WHO F THE PAYMENT FOR TH EXPENSE(S)	ECEIVED	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
SELE DIFIC	50)	A	8/15/04	20
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IN KIND CONTRIBUTIONS AND EXPENSES REPORT

IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.

In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

Examples of in kind contributions: (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

Example of in kind expenses: (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.

PAGE_5_0F_7

IN KIND CAME CONTRIBUTION		and the state of t	Report Period #
MINZ Name (print)	JOURIN	TRUSTER, 5 VG1	D
triality (print)	,	Office (if applicable)	District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

Market Street Color Street Blood Street Stre	· · · · · · · · · · · · · · · · · · ·		\$7 (1865 , 4965 , 10 cm)	outilities y
CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
		er i g		
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PAGE 6 OF 7

Revised: Jan-04

Report Period

MITE TOURIN

Office (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of \$100
Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

			rises to Line 8 of Ex	penses Summary
NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO REC THE IN KIND GOOD(S) OR SERVICE(S)	EIVED	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
	•			
		1/1	/	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0 1		<u></u>	
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Prescribed by Secretary of State
NRS 294A.120, 294A.125,
294A.140, 294A.150, 294A.160
294A.200, 294A.210, 294A.220, 294A.362

EL201.doc

Revised: Jan-04

PAGE 7 OF 2

ame (print) W. CHINO	Office (if applicable)	District (if applicable	- Land
ailing Address (include city and zin code)	AATTA HET	Telephone No. 89433	_ 13
Mail Address	TRY EIL, NET		25 104 AM 10:26
			0:26
cumbents in an Office with a 6-year term Per	1, 2004 iod: Jan. 5, 2001 — Aug 26, 2004 iod: Dec. 20, 1998 — Aug 26, 2004 iod: Jan. 1, 2004 – Aug. 26, 2004		
	nod: Dec. 5, 2002 – Aug 26, 2004		
Per Report #3 Due — January 1	iod: Aug. 27, 2004 — Oct. 21, 2004 5, 2005 *	FOR OFFICE USE ONLY	
_	iod: Oct. 22, 2004 - Dec. 5, 2004		
Annual Filing - Due Januar Period: January 1, 2004 - Deca Third Report suffices for 2005 Annua	y 15, 2005 ember 31, 2004 Filing if candidate also filed Report Nos	. 1 and 2	
CONTRIBUTIONS SU	MMARY	Cumulative From Beginni of Report Peri #1 through Er of This Reporting	od
		-0 - Period -	_
2. Total Monetary Contributions Recei			
e kan	This Period Cumulative From Beginning of Report Period #1 Through End of This Reporting		
3. Total Amount of Monetary Contri Received	butions	-00 -	
(Add Lines 1 and 2) 4. Total Value of In Kind Contributions Excess of \$100	Received inOO -		 ,
		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		-00- 4.81 54.8 4.81 54.8	1 *
	_00-	- * EX	 PENSES AEPORTO
. 1	The date is considered to the Hampton and	FORWAS	PENSES AEPORTE 1 ST PEALOD WAS \$20. FORGOT
Declare Under Penalty of Perjury That t	he Foregoing is True and Correct.		\$30 FILING
11.11.1 1/		<i>y</i> /	

CAMPAIGN EXPENSES	Keport P	eriod # 7
MIKE TOURIN Name (print)	TRUSTEE, SUGID	trict (if applicable)

Expense Categories

CATEGORIES		CODE
Office expenses		A
Expenses related	to volunteers	В
Expenses related	to travel	C
Expenses related	to advertising	D
Expenses related	to paid staff	E
Expenses related to	to consultants	F
Expenses related to	to polling	G
Expenses related t	o special events	Н
have been paid		I
Other miscellaneou	us expenses 4. & 1 TIES FOIL 516N5	J
Expenses related t	o NRS 294A.160 (Disposition of Unspent Contributions)	К

^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT	State of Nevada	
Name (print) TOURIN TRUSTEE S.V.G.T.D.		
Mailigg Address (include city and zip code)	33 674-1854	
E-Man Address	Telephone No.	
Select Appropriate Box(es) CANDIDATE PAC BAG POL PRTY FIND EXP	ANTENNES WATERING PRINCE	
Annual Filing - Due January 15, 2004	AMENDED ANNUAL FILING	
Period: January 1, 2003 – December 31, 2003		
Report #1 — Due August 31, 2004		
Incumbents in an Office with a 4-year term Period: Jan. 5, 2001 — Aug 26, 2004		
All others Period: Jan. 1, 2004 – Aug. 26, 2004	90:8HA 30' 81 MAL	
Report #2 Due — October 26, 2004 Period: Aug. 27, 2004 — Oct. 21, 2004	FOR OFFICE USE ONLY	
Report #3 Due — January 15, 2005* Period: Oct. 22, 2004 — Dec. 31, 2004		
BAGs only: Period: Oct. 22, 2004 — Dec. 31, 2004 Period: Oct. 22, 2004 - Dec. 5, 2004		
Annual Filing – Due January 15, 2005		
Period: January 1, 2004 – December 31, 2004 *Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos.	1 and 2	
THE SAME AND A STREET AND A STREET	Cumulative	
CONTRIBUTIONS SUMMARY	From Beginning of Report Period	
	This Period #1 through End of This	
	Reporting Period	
Total Monetary Contributions Received in Excess of \$100	-05-	
2. Total Monetary Contributions Received of \$100 or Less	0	
This Period Cumulative From Beginning of Report Period #1 Through End of This Reporting		
Total Amount of Monetary Contributions Received		
(Add Lines 1 and 2) 4. Total Value of In Kind Contributions Received In		
Excess of \$100	-	
	- Pi-	
EXPENSES SUMMARY	And the second s	
5. Total Monetary Expenses Paid in Excess of \$100	500 500	
Total Monetary Expenses Paid of \$100 or Less Total Amount of All Monetary Expenses Paid	<u>-D - 54.81</u>	
(Add Lines 5 and 6) 8. Total Value of In Kind Expenses in Excess	500 554.81	
of \$100		
AFFIRMATION		
Declare Under Penalty of Perjury That the Foregoing is True and Correct.		
/hen Vi	11-	
Sidestrated / Clum	112/05	
EL201.doc Revised: Jan-04 PA	GEOF	

4.5

Report Period #

TRUSTEE Office (if applicable)

District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO REC THE PAYMENT FOR THE EXPENSE(S)	EIVED	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
SUN VALLEY VO 6255 W. CITINOS SUN VALLEY, 8	1CE K CT. 143}	0	105 1N OCT 2004 PD. 1/05	500
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